



STATEMENT OF REPRESENTATION AND RELEASE OF RECORDS

My name is _____ . My date of birth is _____ .

I am in the custody of the Louisiana Office of Juvenile Justice and housed at _____
 _____ Center for Youth.

I want to have _____, an attorney at law, represent me.

I give my consent for my record to be copied or looked at by this attorney. This includes records contained in my medical file, mental health information, and social history.

I understand that if I want to release certain records to my attorney, I must waive my rights of confidentiality specifically as to those records.

_____ By placing my initials here, I am confirming that I want to waive my rights as to psychological and psychiatric documents, including but not limited to evaluations, reports and progress notes.

_____ By placing my initials here, I am confirming that I want to waive my rights to confidentiality as to these particular records, and allow my attorney to view/copy my **education** records.

_____ By placing my initials here, I am confirming that I want to waive my rights to confidentiality as to these particular records, and allow my attorney to view/copy any **substance abuse (alcohol/drug) treatment** information which maybe in my record.

_____ By placing my initials here, I am confirming that I want to waive my rights to confidentiality as to these particular records, and allow my attorney to view/copy any **HIV/AIDS** information which may be in my record.

 Youth's Signature

 Date

 Witness